ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Bµ	70385	
O.I.P.E. CLASSIFIER		48	4/3/00
FORMALITY REVIEW	DMC	109169	5/30/00
RESPONSE FORMALITY REVIEW	N	N	8/3/00

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim		Date							
Final	Original	11/4/02	4/34/03	4/24/04					
1	1	✓	✓	✓					
	2	✓	✓	✓					
	3	✓	✓	✓					
	4	✓	✓	✓					
	5	✓	✓	✓					
	6	✓	✓	✓					
	7	✓	✓	✓					
	8	✓	✓	✓					
	9	✓	✓	✓					
10	10	✓	✓	✓					
	11	✓	✓	✓					
	12	✓	✓	✓					
	13	✓	✓	✓					
	14	✓	✓	✓					
	15	✓	✓	✓					
16	16	✓	✓	✓					
	17	✓	✓	✓					
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Claim		Date
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Claim		Date
Final	Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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